

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the
5 Reproductive Health and Access Act.

6 Section 5. Findings and policy. The General Assembly finds
7 and declares that every individual possesses a fundamental
8 right of privacy with respect to reproductive decisions.

9 It is the public policy of this State to ensure that all
10 individuals have appropriate and necessary access to the full
11 range of reproductive education, healthcare, and services,
12 including, but not limited to, prenatal care, adoption,
13 contraceptive care including timely access to emergency
14 contraception, pregnancy termination, comprehensive sexual
15 health education, and screening and treatment for sexually
16 transmitted infections.

17 Section 10. Definitions. In this Act:

18 "Physician" means a person licensed to practice medicine in
19 all of its branches under the Medical Practice Act of 1987.

20 "Pregnancy termination" or "termination of pregnancy"
21 means any medical treatment intended to terminate a pregnancy.
22 Pregnancy termination shall not include medical treatment

1 conducted for the purpose of increasing the probability of the
2 birth of a sustainable life.

3 "Viability" means that stage of fetal development when, in
4 the medical judgment of the attending physician, based on the
5 particular medical facts of the case before the physician,
6 there is a reasonable likelihood of the sustained survival of
7 the fetus outside of the uterus with or without artificial
8 support.

9 Section 15. Prohibition of interference.

10 (a) Notwithstanding any other provision of this Act or any
11 other law to the contrary, the State of Illinois, any
12 municipality, county, township, school district, or other
13 political subdivision of the State, or any agency, department,
14 or division of any governmental entity shall not:

15 (1) deny or interfere with an individual's right to use
16 or refuse contraception;

17 (2) deny or interfere with a pregnant woman's right to
18 bear a child;

19 (3) deny or interfere with a pregnant woman's right to
20 terminate a pregnancy: (i) prior to the viability of the
21 fetus or (ii) when the abortion is necessary to protect the
22 life or health of the pregnant woman; or

23 (4) require any woman to terminate pregnancy without
24 her consent.

25 (b) Any party aggrieved by conduct that violates subsection

1 (a) of this Section may bring a civil lawsuit against the
2 offending governmental entity, including the State or Illinois
3 or any city, county, township, school district, or other
4 political subdivision of the State, or any agency, department
5 or division of any such governmental entity, in a State circuit
6 court or in a federal district court, for declaratory or
7 injunctive relief, compensatory and punitive damages, and any
8 other appropriate relief. A prevailing plaintiff shall, upon
9 motion, be awarded reasonable attorneys' fees, costs and
10 expenses, including expert witness and other litigation
11 expenses, including where the plaintiff's pursuit of a
12 non-frivolous claim was a catalyst for a unilateral change in
13 position by the opposing party.

14 Section 20. Non-discrimination in funding. Notwithstanding
15 any other provision of this Act or any other law to the
16 contrary, the State shall ensure that individuals eligible for
17 medical assistance under the Public Aid Code, or other State
18 medical assistance, or health benefits under the Children's
19 Health Insurance Program Act, the Covering ALL KIDS Health
20 Insurance Act, or the Veterans' Health Insurance Program Act of
21 2008 shall receive coverage for reproductive healthcare at
22 least to the same extent as other comparable services.
23 Violation of this provision shall constitute a denial or
24 interference in contravention of Section 15 of this Act. Such
25 provision shall not prohibit the Department from establishing

1 reasonable utilization control or cost containment measures
2 designed to assure the quality, cost effectiveness, and
3 appropriateness of healthcare services provided.

4 Section 25. Pregnancy terminations.

5 (a) Pregnancy terminations shall be performed in
6 accordance with accepted standards of medical practice, by the
7 method that, in the clinical judgment of the attending
8 physician, will best serve the interests of the pregnant
9 patient. A qualified medical professional shall not be liable
10 for civil damages or subject to criminal penalty relating to a
11 pregnancy termination performed in good faith and in accordance
12 with accepted standards of medical practice.

13 (b) Notwithstanding any other provision of this Act or any
14 other law to the contrary, a report of each pregnancy
15 termination performed shall be made to the Illinois Department
16 of Public Health on forms prescribed by the Department. Such
17 report forms shall not identify the patient by name and shall
18 preserve the anonymity of each woman who has obtained a
19 pregnancy termination. The Department of Public Health shall
20 promulgate and enforce regulations regarding the
21 administration of these reporting requirements that secure
22 protection of patient identity and ensure the anonymity of each
23 woman who has undergone a pregnancy termination. Failure of the
24 Department to preserve confidentiality and anonymity shall
25 constitute interference in contravention of Section 15 of this

1 Act.

2 Section 30. Sexual health education. Notwithstanding any
3 other provision of this Act or any other law, all Illinois
4 public schools shall offer medically accurate, age
5 appropriate, comprehensive sexual health education as a part of
6 the Comprehensive Health Education Program established in
7 Section 3 of the Critical Health Problems and Comprehensive
8 Health Education Act. Course material and instruction shall be
9 free of bias in accordance with the nondiscrimination
10 provisions of the Illinois Human Rights Act. The State Board of
11 Education shall promulgate and enforce rules consistent with
12 this provision.

13 Section 35. Construction. This Act and the rules now or
14 hereafter applicable thereto shall be liberally construed
15 consistent with the public policies announced in this Act.

16 Section 40. Parental notice. Notwithstanding any other
17 provision of this Act, nothing in this Act shall be construed
18 to repeal, amend, or otherwise change the Illinois Parental
19 Notice of Abortion Act of 1995. To the extent that this Act
20 conflicts with the Illinois Parental Notice of Abortion Act of
21 1995, the Illinois Parental Notice of Abortion Act of 1995
22 controls.

1 Section 45. Other Acts. Notwithstanding any other
2 provision of this Act, nothing in this Act shall be construed
3 to repeal, amend, or otherwise change the Health Care Right of
4 Conscience Act. To the extent that this Act conflicts with the
5 Health Care Right of Conscience Act, the Health Care Right of
6 Conscience Act controls.

7 Section 85. The State Employees Group Insurance Act of 1971
8 is amended by changing Section 6 as follows:

9 (5 ILCS 375/6) (from Ch. 127, par. 526)

10 Sec. 6. Program of health benefits.

11 (a) The program of health benefits shall provide for
12 protection against the financial costs of health care expenses
13 incurred in and out of hospital including basic
14 hospital-surgical-medical coverages. The program may include,
15 but shall not be limited to, such supplemental coverages as
16 out-patient diagnostic X-ray and laboratory expenses,
17 prescription drugs, dental services, hearing evaluations,
18 hearing aids, the dispensing and fitting of hearing aids, and
19 similar group benefits as are now or may become available.
20 ~~However, nothing in this Act shall be construed to permit, on~~
21 ~~or after July 1, 1980, the non-contributory portion of any such~~
22 ~~program to include the expenses of obtaining an abortion,~~
23 ~~induced miscarriage or induced premature birth unless, in the~~
24 ~~opinion of a physician, such procedures are necessary for the~~

1 ~~preservation of the life of the woman seeking such treatment,~~
2 ~~or except an induced premature birth intended to produce a live~~
3 ~~viable child and such procedure is necessary for the health of~~
4 ~~the mother or the unborn child.~~ The program may also include
5 coverage for those who rely on treatment by prayer or spiritual
6 means alone for healing in accordance with the tenets and
7 practice of a recognized religious denomination.

8 The program of health benefits shall be designed by the
9 Director (1) to provide a reasonable relationship between the
10 benefits to be included and the expected distribution of
11 expenses of each such type to be incurred by the covered
12 members and dependents, (2) to specify, as covered benefits and
13 as optional benefits, the medical services of practitioners in
14 all categories licensed under the Medical Practice Act of 1987,
15 (3) to include reasonable controls, which may include
16 deductible and co-insurance provisions, applicable to some or
17 all of the benefits, or a coordination of benefits provision,
18 to prevent or minimize unnecessary utilization of the various
19 hospital, surgical and medical expenses to be provided and to
20 provide reasonable assurance of stability of the program, and
21 (4) to provide benefits to the extent possible to members
22 throughout the State, wherever located, on an equitable basis.
23 Notwithstanding any other provision of this Section or Act, for
24 all members or dependents who are eligible for benefits under
25 Social Security or the Railroad Retirement system or who had
26 sufficient Medicare-covered government employment, the

1 Department shall reduce benefits which would otherwise be paid
2 by Medicare, by the amount of benefits for which the member or
3 dependents are eligible under Medicare, except that such
4 reduction in benefits shall apply only to those members or
5 dependents who (1) first become eligible for such medicare
6 coverage on or after the effective date of this amendatory Act
7 of 1992; or (2) are Medicare-eligible members or dependents of
8 a local government unit which began participation in the
9 program on or after July 1, 1992; or (3) remain eligible for
10 but no longer receive Medicare coverage which they had been
11 receiving on or after the effective date of this amendatory Act
12 of 1992.

13 Notwithstanding any other provisions of this Act, where a
14 covered member or dependents are eligible for benefits under
15 the federal Medicare health insurance program (Title XVIII of
16 the Social Security Act as added by Public Law 89-97, 89th
17 Congress), benefits paid under the State of Illinois program or
18 plan will be reduced by the amount of benefits paid by
19 Medicare. For members or dependents who are eligible for
20 benefits under Social Security or the Railroad Retirement
21 system or who had sufficient Medicare-covered government
22 employment, benefits shall be reduced by the amount for which
23 the member or dependent is eligible under Medicare, except that
24 such reduction in benefits shall apply only to those members or
25 dependents who (1) first become eligible for such Medicare
26 coverage on or after the effective date of this amendatory Act

1 of 1992; or (2) are Medicare-eligible members or dependents of
2 a local government unit which began participation in the
3 program on or after July 1, 1992; or (3) remain eligible for,
4 but no longer receive Medicare coverage which they had been
5 receiving on or after the effective date of this amendatory Act
6 of 1992. Premiums may be adjusted, where applicable, to an
7 amount deemed by the Director to be reasonably consistent with
8 any reduction of benefits.

9 (b) A member, not otherwise covered by this Act, who has
10 retired as a participating member under Article 2 of the
11 Illinois Pension Code but is ineligible for the retirement
12 annuity under Section 2-119 of the Illinois Pension Code, shall
13 pay the premiums for coverage, not exceeding the amount paid by
14 the State for the non-contributory coverage for other members,
15 under the group health benefits program under this Act. The
16 Director shall determine the premiums to be paid by a member
17 under this subsection (b).

18 (Source: P.A. 93-47, eff. 7-1-03.)

19 Section 90. The Critical Health Problems and Comprehensive
20 Health Education Act is amended by changing Section 3 as
21 follows:

22 (105 ILCS 110/3)

23 Sec. 3. Comprehensive Health Education Program. The
24 program established under this Act shall include, but not be

1 limited to, the following major educational areas as a basis
2 for curricula in all elementary and secondary schools in this
3 State: human ecology and health, human growth and development,
4 the emotional, psychological, physiological, hygienic and
5 social responsibilities of family life, including sexual
6 abstinence ~~until marriage~~, prevention and control of disease,
7 including instruction in grades 6 through 12 on the prevention,
8 transmission and spread of AIDS, sexual assault awareness in
9 secondary schools, public and environmental health, consumer
10 health, safety education and disaster survival, mental health
11 and illness, personal health habits, alcohol, drug use, and
12 abuse including the medical and legal ramifications of alcohol,
13 drug, and tobacco use, abuse during pregnancy, sexual
14 abstinence ~~until marriage~~, tobacco, nutrition, and dental
15 health. The program shall also provide course material and
16 instruction to advise pupils of the Abandoned Newborn Infant
17 Protection Act. The program shall include information about
18 cancer, including without limitation types of cancer, signs and
19 symptoms, risk factors, the importance of early prevention and
20 detection, and information on where to go for help.
21 Notwithstanding the above educational areas, the following
22 areas may also be included as a basis for curricula in all
23 elementary and secondary schools in this State: basic first aid
24 (including, but not limited to, cardiopulmonary resuscitation
25 and the Heimlich maneuver), heart disease, diabetes, stroke,
26 the prevention of child abuse, neglect, and suicide, and teen

1 dating violence in grades 8 through 12.

2 The school board of each public elementary and secondary
3 school in the State shall encourage all teachers and other
4 school personnel to acquire, develop, and maintain the
5 knowledge and skills necessary to properly administer
6 life-saving techniques, including without limitation the
7 Heimlich maneuver and rescue breathing. The training shall be
8 in accordance with standards of the American Red Cross, the
9 American Heart Association, or another nationally recognized
10 certifying organization. A school board may use the services of
11 non-governmental entities whose personnel have expertise in
12 life-saving techniques to instruct teachers and other school
13 personnel in these techniques. Each school board is encouraged
14 to have in its employ, or on its volunteer staff, at least one
15 person who is certified, by the American Red Cross or by
16 another qualified certifying agency, as qualified to
17 administer first aid and cardiopulmonary resuscitation. In
18 addition, each school board is authorized to allocate
19 appropriate portions of its institute or inservice days to
20 conduct training programs for teachers and other school
21 personnel who have expressed an interest in becoming qualified
22 to administer emergency first aid or cardiopulmonary
23 resuscitation. School boards are urged to encourage their
24 teachers and other school personnel who coach school athletic
25 programs and other extracurricular school activities to
26 acquire, develop, and maintain the knowledge and skills

1 necessary to properly administer first aid and cardiopulmonary
2 resuscitation in accordance with standards and requirements
3 established by the American Red Cross or another qualified
4 certifying agency. Subject to appropriation, the State Board of
5 Education shall establish and administer a matching grant
6 program to pay for half of the cost that a school district
7 incurs in training those teachers and other school personnel
8 who express an interest in becoming qualified to administer
9 cardiopulmonary resuscitation (which training must be in
10 accordance with standards of the American Red Cross, the
11 American Heart Association, or another nationally recognized
12 certifying organization) or in learning how to use an automated
13 external defibrillator. A school district that applies for a
14 grant must demonstrate that it has funds to pay half of the
15 cost of the training for which matching grant money is sought.
16 The State Board of Education shall award the grants on a
17 first-come, first-serve basis.

18 No pupil shall be required to take or participate in any
19 class or course on comprehensive sexual health education, AIDS,
20 or family life instruction if his parent or guardian submits
21 written objection thereto, and refusal to take or participate
22 in the course or program shall not be reason for suspension or
23 expulsion of the pupil.

24 Curricula developed under programs established in
25 accordance with this Act in the major educational area of
26 alcohol and drug use and abuse shall include classroom

1 instruction in grades 5 through 12. The instruction, which
2 shall include matters relating to both the physical and legal
3 effects and ramifications of drug and substance abuse, shall be
4 integrated into existing curricula; and the State Board of
5 Education shall develop and make available to all elementary
6 and secondary schools in this State instructional materials and
7 guidelines which will assist the schools in incorporating the
8 instruction into their existing curricula. In addition, school
9 districts may offer, as part of existing curricula during the
10 school day or as part of an after school program, support
11 services and instruction for pupils or pupils whose parent,
12 parents, or guardians are chemically dependent.

13 (Source: P.A. 95-43, eff. 1-1-08; 95-764, eff. 1-1-09; 96-128,
14 eff. 1-1-10; 96-328, eff. 8-11-09; 96-383, eff. 1-1-10; revised
15 9-25-09.)

16 Section 95. The Illinois Public Aid Code is amended by
17 changing Section 5-5 as follows:

18 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

19 (Text of Section before amendment by P.A. 96-806)

20 Sec. 5-5. Medical services. The Illinois Department, by
21 rule, shall determine the quantity and quality of and the rate
22 of reimbursement for the medical assistance for which payment
23 will be authorized, and the medical services to be provided,
24 which may include all or part of the following: (1) inpatient

1 hospital services; (2) outpatient hospital services; (3) other
2 laboratory and X-ray services; (4) skilled nursing home
3 services; (5) physicians' services whether furnished in the
4 office, the patient's home, a hospital, a skilled nursing home,
5 or elsewhere; (6) medical care, or any other type of remedial
6 care furnished by licensed practitioners; (7) home health care
7 services; (8) private duty nursing service; (9) clinic
8 services; (10) dental services, including prevention and
9 treatment of periodontal disease and dental caries disease for
10 pregnant women, provided by an individual licensed to practice
11 dentistry or dental surgery; for purposes of this item (10),
12 "dental services" means diagnostic, preventive, or corrective
13 procedures provided by or under the supervision of a dentist in
14 the practice of his or her profession; (11) physical therapy
15 and related services; (12) prescribed drugs, dentures, and
16 prosthetic devices; and eyeglasses prescribed by a physician
17 skilled in the diseases of the eye, or by an optometrist,
18 whichever the person may select; (13) other diagnostic,
19 screening, preventive, and rehabilitative services; (14)
20 transportation and such other expenses as may be necessary;
21 (15) medical treatment of sexual assault survivors, as defined
22 in Section 1a of the Sexual Assault Survivors Emergency
23 Treatment Act, for injuries sustained as a result of the sexual
24 assault, including examinations and laboratory tests to
25 discover evidence which may be used in criminal proceedings
26 arising from the sexual assault; (16) the diagnosis and

1 treatment of sickle cell anemia; and (17) any other medical
2 care, and any other type of remedial care recognized under the
3 laws of this State, ~~but not including abortions, or induced~~
4 ~~miscarriages or premature births, unless, in the opinion of a~~
5 ~~physician, such procedures are necessary for the preservation~~
6 ~~of the life of the woman seeking such treatment, or except an~~
7 ~~induced premature birth intended to produce a live viable child~~
8 ~~and such procedure is necessary for the health of the mother or~~
9 ~~her unborn child.~~ The Illinois Department, by rule, shall
10 prohibit any physician from providing medical assistance to
11 anyone eligible therefor under this Code where such physician
12 has been found guilty of performing an abortion procedure in a
13 wilful and wanton manner upon a woman who was not pregnant at
14 the time such abortion procedure was performed. The term "any
15 other type of remedial care" shall include nursing care and
16 nursing home service for persons who rely on treatment by
17 spiritual means alone through prayer for healing.

18 Notwithstanding any other provision of this Section, a
19 comprehensive tobacco use cessation program that includes
20 purchasing prescription drugs or prescription medical devices
21 approved by the Food and Drug administration shall be covered
22 under the medical assistance program under this Article for
23 persons who are otherwise eligible for assistance under this
24 Article.

25 Notwithstanding any other provision of this Code, the
26 Illinois Department may not require, as a condition of payment

1 for any laboratory test authorized under this Article, that a
2 physician's handwritten signature appear on the laboratory
3 test order form. The Illinois Department may, however, impose
4 other appropriate requirements regarding laboratory test order
5 documentation.

6 The Department of Healthcare and Family Services shall
7 provide the following services to persons eligible for
8 assistance under this Article who are participating in
9 education, training or employment programs operated by the
10 Department of Human Services as successor to the Department of
11 Public Aid:

12 (1) dental services provided by or under the
13 supervision of a dentist; and

14 (2) eyeglasses prescribed by a physician skilled in the
15 diseases of the eye, or by an optometrist, whichever the
16 person may select.

17 The Illinois Department, by rule, may distinguish and
18 classify the medical services to be provided only in accordance
19 with the classes of persons designated in Section 5-2.

20 The Department of Healthcare and Family Services must
21 provide coverage and reimbursement for amino acid-based
22 elemental formulas, regardless of delivery method, for the
23 diagnosis and treatment of (i) eosinophilic disorders and (ii)
24 short bowel syndrome when the prescribing physician has issued
25 a written order stating that the amino acid-based elemental
26 formula is medically necessary.

1 The Illinois Department shall authorize the provision of,
2 and shall authorize payment for, screening by low-dose
3 mammography for the presence of occult breast cancer for women
4 35 years of age or older who are eligible for medical
5 assistance under this Article, as follows:

6 (A) A baseline mammogram for women 35 to 39 years of
7 age.

8 (B) An annual mammogram for women 40 years of age or
9 older.

10 (C) A mammogram at the age and intervals considered
11 medically necessary by the woman's health care provider for
12 women under 40 years of age and having a family history of
13 breast cancer, prior personal history of breast cancer,
14 positive genetic testing, or other risk factors.

15 (D) A comprehensive ultrasound screening of an entire
16 breast or breasts if a mammogram demonstrates
17 heterogeneous or dense breast tissue, when medically
18 necessary as determined by a physician licensed to practice
19 medicine in all of its branches.

20 All screenings shall include a physical breast exam,
21 instruction on self-examination and information regarding the
22 frequency of self-examination and its value as a preventative
23 tool. For purposes of this Section, "low-dose mammography"
24 means the x-ray examination of the breast using equipment
25 dedicated specifically for mammography, including the x-ray
26 tube, filter, compression device, and image receptor, with an

1 average radiation exposure delivery of less than one rad per
2 breast for 2 views of an average size breast. The term also
3 includes digital mammography.

4 On and after July 1, 2008, screening and diagnostic
5 mammography shall be reimbursed at the same rate as the
6 Medicare program's rates, including the increased
7 reimbursement for digital mammography.

8 The Department shall convene an expert panel including
9 representatives of hospitals, free-standing mammography
10 facilities, and doctors, including radiologists, to establish
11 quality standards. Based on these quality standards, the
12 Department shall provide for bonus payments to mammography
13 facilities meeting the standards for screening and diagnosis.
14 The bonus payments shall be at least 15% higher than the
15 Medicare rates for mammography.

16 Subject to federal approval, the Department shall
17 establish a rate methodology for mammography at federally
18 qualified health centers and other encounter-rate clinics.
19 These clinics or centers may also collaborate with other
20 hospital-based mammography facilities.

21 The Department shall establish a methodology to remind
22 women who are age-appropriate for screening mammography, but
23 who have not received a mammogram within the previous 18
24 months, of the importance and benefit of screening mammography.

25 The Department shall establish a performance goal for
26 primary care providers with respect to their female patients

1 over age 40 receiving an annual mammogram. This performance
2 goal shall be used to provide additional reimbursement in the
3 form of a quality performance bonus to primary care providers
4 who meet that goal.

5 The Department shall devise a means of case-managing or
6 patient navigation for beneficiaries diagnosed with breast
7 cancer. This program shall initially operate as a pilot program
8 in areas of the State with the highest incidence of mortality
9 related to breast cancer. At least one pilot program site shall
10 be in the metropolitan Chicago area and at least one site shall
11 be outside the metropolitan Chicago area. An evaluation of the
12 pilot program shall be carried out measuring health outcomes
13 and cost of care for those served by the pilot program compared
14 to similarly situated patients who are not served by the pilot
15 program.

16 Any medical or health care provider shall immediately
17 recommend, to any pregnant woman who is being provided prenatal
18 services and is suspected of drug abuse or is addicted as
19 defined in the Alcoholism and Other Drug Abuse and Dependency
20 Act, referral to a local substance abuse treatment provider
21 licensed by the Department of Human Services or to a licensed
22 hospital which provides substance abuse treatment services.
23 The Department of Healthcare and Family Services shall assure
24 coverage for the cost of treatment of the drug abuse or
25 addiction for pregnant recipients in accordance with the
26 Illinois Medicaid Program in conjunction with the Department of

1 Human Services.

2 All medical providers providing medical assistance to
3 pregnant women under this Code shall receive information from
4 the Department on the availability of services under the Drug
5 Free Families with a Future or any comparable program providing
6 case management services for addicted women, including
7 information on appropriate referrals for other social services
8 that may be needed by addicted women in addition to treatment
9 for addiction.

10 The Illinois Department, in cooperation with the
11 Departments of Human Services (as successor to the Department
12 of Alcoholism and Substance Abuse) and Public Health, through a
13 public awareness campaign, may provide information concerning
14 treatment for alcoholism and drug abuse and addiction, prenatal
15 health care, and other pertinent programs directed at reducing
16 the number of drug-affected infants born to recipients of
17 medical assistance.

18 Neither the Department of Healthcare and Family Services
19 nor the Department of Human Services shall sanction the
20 recipient solely on the basis of her substance abuse.

21 The Illinois Department shall establish such regulations
22 governing the dispensing of health services under this Article
23 as it shall deem appropriate. The Department should seek the
24 advice of formal professional advisory committees appointed by
25 the Director of the Illinois Department for the purpose of
26 providing regular advice on policy and administrative matters,

1 information dissemination and educational activities for
2 medical and health care providers, and consistency in
3 procedures to the Illinois Department.

4 The Illinois Department may develop and contract with
5 Partnerships of medical providers to arrange medical services
6 for persons eligible under Section 5-2 of this Code.
7 Implementation of this Section may be by demonstration projects
8 in certain geographic areas. The Partnership shall be
9 represented by a sponsor organization. The Department, by rule,
10 shall develop qualifications for sponsors of Partnerships.
11 Nothing in this Section shall be construed to require that the
12 sponsor organization be a medical organization.

13 The sponsor must negotiate formal written contracts with
14 medical providers for physician services, inpatient and
15 outpatient hospital care, home health services, treatment for
16 alcoholism and substance abuse, and other services determined
17 necessary by the Illinois Department by rule for delivery by
18 Partnerships. Physician services must include prenatal and
19 obstetrical care. The Illinois Department shall reimburse
20 medical services delivered by Partnership providers to clients
21 in target areas according to provisions of this Article and the
22 Illinois Health Finance Reform Act, except that:

23 (1) Physicians participating in a Partnership and
24 providing certain services, which shall be determined by
25 the Illinois Department, to persons in areas covered by the
26 Partnership may receive an additional surcharge for such

1 services.

2 (2) The Department may elect to consider and negotiate
3 financial incentives to encourage the development of
4 Partnerships and the efficient delivery of medical care.

5 (3) Persons receiving medical services through
6 Partnerships may receive medical and case management
7 services above the level usually offered through the
8 medical assistance program.

9 Medical providers shall be required to meet certain
10 qualifications to participate in Partnerships to ensure the
11 delivery of high quality medical services. These
12 qualifications shall be determined by rule of the Illinois
13 Department and may be higher than qualifications for
14 participation in the medical assistance program. Partnership
15 sponsors may prescribe reasonable additional qualifications
16 for participation by medical providers, only with the prior
17 written approval of the Illinois Department.

18 Nothing in this Section shall limit the free choice of
19 practitioners, hospitals, and other providers of medical
20 services by clients. In order to ensure patient freedom of
21 choice, the Illinois Department shall immediately promulgate
22 all rules and take all other necessary actions so that provided
23 services may be accessed from therapeutically certified
24 optometrists to the full extent of the Illinois Optometric
25 Practice Act of 1987 without discriminating between service
26 providers.

1 The Department shall apply for a waiver from the United
2 States Health Care Financing Administration to allow for the
3 implementation of Partnerships under this Section.

4 The Illinois Department shall require health care
5 providers to maintain records that document the medical care
6 and services provided to recipients of Medical Assistance under
7 this Article. The Illinois Department shall require health care
8 providers to make available, when authorized by the patient, in
9 writing, the medical records in a timely fashion to other
10 health care providers who are treating or serving persons
11 eligible for Medical Assistance under this Article. All
12 dispensers of medical services shall be required to maintain
13 and retain business and professional records sufficient to
14 fully and accurately document the nature, scope, details and
15 receipt of the health care provided to persons eligible for
16 medical assistance under this Code, in accordance with
17 regulations promulgated by the Illinois Department. The rules
18 and regulations shall require that proof of the receipt of
19 prescription drugs, dentures, prosthetic devices and
20 eyeglasses by eligible persons under this Section accompany
21 each claim for reimbursement submitted by the dispenser of such
22 medical services. No such claims for reimbursement shall be
23 approved for payment by the Illinois Department without such
24 proof of receipt, unless the Illinois Department shall have put
25 into effect and shall be operating a system of post-payment
26 audit and review which shall, on a sampling basis, be deemed

1 adequate by the Illinois Department to assure that such drugs,
2 dentures, prosthetic devices and eyeglasses for which payment
3 is being made are actually being received by eligible
4 recipients. Within 90 days after the effective date of this
5 amendatory Act of 1984, the Illinois Department shall establish
6 a current list of acquisition costs for all prosthetic devices
7 and any other items recognized as medical equipment and
8 supplies reimbursable under this Article and shall update such
9 list on a quarterly basis, except that the acquisition costs of
10 all prescription drugs shall be updated no less frequently than
11 every 30 days as required by Section 5-5.12.

12 The rules and regulations of the Illinois Department shall
13 require that a written statement including the required opinion
14 of a physician shall accompany any claim for reimbursement for
15 abortions, or induced miscarriages or premature births. This
16 statement shall indicate what procedures were used in providing
17 such medical services.

18 The Illinois Department shall require all dispensers of
19 medical services, other than an individual practitioner or
20 group of practitioners, desiring to participate in the Medical
21 Assistance program established under this Article to disclose
22 all financial, beneficial, ownership, equity, surety or other
23 interests in any and all firms, corporations, partnerships,
24 associations, business enterprises, joint ventures, agencies,
25 institutions or other legal entities providing any form of
26 health care services in this State under this Article.

1 The Illinois Department may require that all dispensers of
2 medical services desiring to participate in the medical
3 assistance program established under this Article disclose,
4 under such terms and conditions as the Illinois Department may
5 by rule establish, all inquiries from clients and attorneys
6 regarding medical bills paid by the Illinois Department, which
7 inquiries could indicate potential existence of claims or liens
8 for the Illinois Department.

9 Enrollment of a vendor that provides non-emergency medical
10 transportation, defined by the Department by rule, shall be
11 conditional for 180 days. During that time, the Department of
12 Healthcare and Family Services may terminate the vendor's
13 eligibility to participate in the medical assistance program
14 without cause. That termination of eligibility is not subject
15 to the Department's hearing process.

16 The Illinois Department shall establish policies,
17 procedures, standards and criteria by rule for the acquisition,
18 repair and replacement of orthotic and prosthetic devices and
19 durable medical equipment. Such rules shall provide, but not be
20 limited to, the following services: (1) immediate repair or
21 replacement of such devices by recipients without medical
22 authorization; and (2) rental, lease, purchase or
23 lease-purchase of durable medical equipment in a
24 cost-effective manner, taking into consideration the
25 recipient's medical prognosis, the extent of the recipient's
26 needs, and the requirements and costs for maintaining such

1 equipment. Such rules shall enable a recipient to temporarily
2 acquire and use alternative or substitute devices or equipment
3 pending repairs or replacements of any device or equipment
4 previously authorized for such recipient by the Department.

5 The Department shall execute, relative to the nursing home
6 prescreening project, written inter-agency agreements with the
7 Department of Human Services and the Department on Aging, to
8 effect the following: (i) intake procedures and common
9 eligibility criteria for those persons who are receiving
10 non-institutional services; and (ii) the establishment and
11 development of non-institutional services in areas of the State
12 where they are not currently available or are undeveloped.

13 The Illinois Department shall develop and operate, in
14 cooperation with other State Departments and agencies and in
15 compliance with applicable federal laws and regulations,
16 appropriate and effective systems of health care evaluation and
17 programs for monitoring of utilization of health care services
18 and facilities, as it affects persons eligible for medical
19 assistance under this Code.

20 The Illinois Department shall report annually to the
21 General Assembly, no later than the second Friday in April of
22 1979 and each year thereafter, in regard to:

23 (a) actual statistics and trends in utilization of
24 medical services by public aid recipients;

25 (b) actual statistics and trends in the provision of
26 the various medical services by medical vendors;

1 (c) current rate structures and proposed changes in
2 those rate structures for the various medical vendors; and

3 (d) efforts at utilization review and control by the
4 Illinois Department.

5 The period covered by each report shall be the 3 years
6 ending on the June 30 prior to the report. The report shall
7 include suggested legislation for consideration by the General
8 Assembly. The filing of one copy of the report with the
9 Speaker, one copy with the Minority Leader and one copy with
10 the Clerk of the House of Representatives, one copy with the
11 President, one copy with the Minority Leader and one copy with
12 the Secretary of the Senate, one copy with the Legislative
13 Research Unit, and such additional copies with the State
14 Government Report Distribution Center for the General Assembly
15 as is required under paragraph (t) of Section 7 of the State
16 Library Act shall be deemed sufficient to comply with this
17 Section.

18 Rulemaking authority to implement Public Act 95-1045 ~~this~~
19 ~~amendatory Act of the 95th General Assembly~~, if any, is
20 conditioned on the rules being adopted in accordance with all
21 provisions of the Illinois Administrative Procedure Act and all
22 rules and procedures of the Joint Committee on Administrative
23 Rules; any purported rule not so adopted, for whatever reason,
24 is unauthorized.

25 (Source: P.A. 95-331, eff. 8-21-07; 95-520, eff. 8-28-07;
26 95-1045, eff. 3-27-09; 96-156, eff. 1-1-10; revised 11-4-09.)

1 (Text of Section after amendment by P.A. 96-806)

2 Sec. 5-5. Medical services. The Illinois Department, by
3 rule, shall determine the quantity and quality of and the rate
4 of reimbursement for the medical assistance for which payment
5 will be authorized, and the medical services to be provided,
6 which may include all or part of the following: (1) inpatient
7 hospital services; (2) outpatient hospital services; (3) other
8 laboratory and X-ray services; (4) skilled nursing home
9 services; (5) physicians' services whether furnished in the
10 office, the patient's home, a hospital, a skilled nursing home,
11 or elsewhere; (6) medical care, or any other type of remedial
12 care furnished by licensed practitioners; (7) home health care
13 services; (8) private duty nursing service; (9) clinic
14 services; (10) dental services, including prevention and
15 treatment of periodontal disease and dental caries disease for
16 pregnant women, provided by an individual licensed to practice
17 dentistry or dental surgery; for purposes of this item (10),
18 "dental services" means diagnostic, preventive, or corrective
19 procedures provided by or under the supervision of a dentist in
20 the practice of his or her profession; (11) physical therapy
21 and related services; (12) prescribed drugs, dentures, and
22 prosthetic devices; and eyeglasses prescribed by a physician
23 skilled in the diseases of the eye, or by an optometrist,
24 whichever the person may select; (13) other diagnostic,
25 screening, preventive, and rehabilitative services; (14)

1 transportation and such other expenses as may be necessary;
2 (15) medical treatment of sexual assault survivors, as defined
3 in Section 1a of the Sexual Assault Survivors Emergency
4 Treatment Act, for injuries sustained as a result of the sexual
5 assault, including examinations and laboratory tests to
6 discover evidence which may be used in criminal proceedings
7 arising from the sexual assault; (16) the diagnosis and
8 treatment of sickle cell anemia; and (17) any other medical
9 care, and any other type of remedial care recognized under the
10 laws of this State, ~~but not including abortions, or induced~~
11 ~~miscarriages or premature births, unless, in the opinion of a~~
12 ~~physician, such procedures are necessary for the preservation~~
13 ~~of the life of the woman seeking such treatment, or except an~~
14 ~~induced premature birth intended to produce a live viable child~~
15 ~~and such procedure is necessary for the health of the mother or~~
16 ~~her unborn child.~~ The Illinois Department, by rule, shall
17 prohibit any physician from providing medical assistance to
18 anyone eligible therefor under this Code where such physician
19 has been found guilty of performing an abortion procedure in a
20 wilful and wanton manner upon a woman who was not pregnant at
21 the time such abortion procedure was performed. The term "any
22 other type of remedial care" shall include nursing care and
23 nursing home service for persons who rely on treatment by
24 spiritual means alone through prayer for healing.

25 Notwithstanding any other provision of this Section, a
26 comprehensive tobacco use cessation program that includes

1 purchasing prescription drugs or prescription medical devices
2 approved by the Food and Drug administration shall be covered
3 under the medical assistance program under this Article for
4 persons who are otherwise eligible for assistance under this
5 Article.

6 Notwithstanding any other provision of this Code, the
7 Illinois Department may not require, as a condition of payment
8 for any laboratory test authorized under this Article, that a
9 physician's handwritten signature appear on the laboratory
10 test order form. The Illinois Department may, however, impose
11 other appropriate requirements regarding laboratory test order
12 documentation.

13 The Department of Healthcare and Family Services shall
14 provide the following services to persons eligible for
15 assistance under this Article who are participating in
16 education, training or employment programs operated by the
17 Department of Human Services as successor to the Department of
18 Public Aid:

19 (1) dental services provided by or under the
20 supervision of a dentist; and

21 (2) eyeglasses prescribed by a physician skilled in the
22 diseases of the eye, or by an optometrist, whichever the
23 person may select.

24 The Illinois Department, by rule, may distinguish and
25 classify the medical services to be provided only in accordance
26 with the classes of persons designated in Section 5-2.

1 The Department of Healthcare and Family Services must
2 provide coverage and reimbursement for amino acid-based
3 elemental formulas, regardless of delivery method, for the
4 diagnosis and treatment of (i) eosinophilic disorders and (ii)
5 short bowel syndrome when the prescribing physician has issued
6 a written order stating that the amino acid-based elemental
7 formula is medically necessary.

8 The Illinois Department shall authorize the provision of,
9 and shall authorize payment for, screening by low-dose
10 mammography for the presence of occult breast cancer for women
11 35 years of age or older who are eligible for medical
12 assistance under this Article, as follows:

13 (A) A baseline mammogram for women 35 to 39 years of
14 age.

15 (B) An annual mammogram for women 40 years of age or
16 older.

17 (C) A mammogram at the age and intervals considered
18 medically necessary by the woman's health care provider for
19 women under 40 years of age and having a family history of
20 breast cancer, prior personal history of breast cancer,
21 positive genetic testing, or other risk factors.

22 (D) A comprehensive ultrasound screening of an entire
23 breast or breasts if a mammogram demonstrates
24 heterogeneous or dense breast tissue, when medically
25 necessary as determined by a physician licensed to practice
26 medicine in all of its branches.

1 All screenings shall include a physical breast exam,
2 instruction on self-examination and information regarding the
3 frequency of self-examination and its value as a preventative
4 tool. For purposes of this Section, "low-dose mammography"
5 means the x-ray examination of the breast using equipment
6 dedicated specifically for mammography, including the x-ray
7 tube, filter, compression device, and image receptor, with an
8 average radiation exposure delivery of less than one rad per
9 breast for 2 views of an average size breast. The term also
10 includes digital mammography.

11 On and after July 1, 2008, screening and diagnostic
12 mammography shall be reimbursed at the same rate as the
13 Medicare program's rates, including the increased
14 reimbursement for digital mammography.

15 The Department shall convene an expert panel including
16 representatives of hospitals, free-standing mammography
17 facilities, and doctors, including radiologists, to establish
18 quality standards. Based on these quality standards, the
19 Department shall provide for bonus payments to mammography
20 facilities meeting the standards for screening and diagnosis.
21 The bonus payments shall be at least 15% higher than the
22 Medicare rates for mammography.

23 Subject to federal approval, the Department shall
24 establish a rate methodology for mammography at federally
25 qualified health centers and other encounter-rate clinics.
26 These clinics or centers may also collaborate with other

1 hospital-based mammography facilities.

2 The Department shall establish a methodology to remind
3 women who are age-appropriate for screening mammography, but
4 who have not received a mammogram within the previous 18
5 months, of the importance and benefit of screening mammography.

6 The Department shall establish a performance goal for
7 primary care providers with respect to their female patients
8 over age 40 receiving an annual mammogram. This performance
9 goal shall be used to provide additional reimbursement in the
10 form of a quality performance bonus to primary care providers
11 who meet that goal.

12 The Department shall devise a means of case-managing or
13 patient navigation for beneficiaries diagnosed with breast
14 cancer. This program shall initially operate as a pilot program
15 in areas of the State with the highest incidence of mortality
16 related to breast cancer. At least one pilot program site shall
17 be in the metropolitan Chicago area and at least one site shall
18 be outside the metropolitan Chicago area. An evaluation of the
19 pilot program shall be carried out measuring health outcomes
20 and cost of care for those served by the pilot program compared
21 to similarly situated patients who are not served by the pilot
22 program.

23 Any medical or health care provider shall immediately
24 recommend, to any pregnant woman who is being provided prenatal
25 services and is suspected of drug abuse or is addicted as
26 defined in the Alcoholism and Other Drug Abuse and Dependency

1 Act, referral to a local substance abuse treatment provider
2 licensed by the Department of Human Services or to a licensed
3 hospital which provides substance abuse treatment services.
4 The Department of Healthcare and Family Services shall assure
5 coverage for the cost of treatment of the drug abuse or
6 addiction for pregnant recipients in accordance with the
7 Illinois Medicaid Program in conjunction with the Department of
8 Human Services.

9 All medical providers providing medical assistance to
10 pregnant women under this Code shall receive information from
11 the Department on the availability of services under the Drug
12 Free Families with a Future or any comparable program providing
13 case management services for addicted women, including
14 information on appropriate referrals for other social services
15 that may be needed by addicted women in addition to treatment
16 for addiction.

17 The Illinois Department, in cooperation with the
18 Departments of Human Services (as successor to the Department
19 of Alcoholism and Substance Abuse) and Public Health, through a
20 public awareness campaign, may provide information concerning
21 treatment for alcoholism and drug abuse and addiction, prenatal
22 health care, and other pertinent programs directed at reducing
23 the number of drug-affected infants born to recipients of
24 medical assistance.

25 Neither the Department of Healthcare and Family Services
26 nor the Department of Human Services shall sanction the

1 recipient solely on the basis of her substance abuse.

2 The Illinois Department shall establish such regulations
3 governing the dispensing of health services under this Article
4 as it shall deem appropriate. The Department should seek the
5 advice of formal professional advisory committees appointed by
6 the Director of the Illinois Department for the purpose of
7 providing regular advice on policy and administrative matters,
8 information dissemination and educational activities for
9 medical and health care providers, and consistency in
10 procedures to the Illinois Department.

11 Notwithstanding any other provision of law, a health care
12 provider under the medical assistance program may elect, in
13 lieu of receiving direct payment for services provided under
14 that program, to participate in the State Employees Deferred
15 Compensation Plan adopted under Article 24 of the Illinois
16 Pension Code. A health care provider who elects to participate
17 in the plan does not have a cause of action against the State
18 for any damages allegedly suffered by the provider as a result
19 of any delay by the State in crediting the amount of any
20 contribution to the provider's plan account.

21 The Illinois Department may develop and contract with
22 Partnerships of medical providers to arrange medical services
23 for persons eligible under Section 5-2 of this Code.
24 Implementation of this Section may be by demonstration projects
25 in certain geographic areas. The Partnership shall be
26 represented by a sponsor organization. The Department, by rule,

1 shall develop qualifications for sponsors of Partnerships.
2 Nothing in this Section shall be construed to require that the
3 sponsor organization be a medical organization.

4 The sponsor must negotiate formal written contracts with
5 medical providers for physician services, inpatient and
6 outpatient hospital care, home health services, treatment for
7 alcoholism and substance abuse, and other services determined
8 necessary by the Illinois Department by rule for delivery by
9 Partnerships. Physician services must include prenatal and
10 obstetrical care. The Illinois Department shall reimburse
11 medical services delivered by Partnership providers to clients
12 in target areas according to provisions of this Article and the
13 Illinois Health Finance Reform Act, except that:

14 (1) Physicians participating in a Partnership and
15 providing certain services, which shall be determined by
16 the Illinois Department, to persons in areas covered by the
17 Partnership may receive an additional surcharge for such
18 services.

19 (2) The Department may elect to consider and negotiate
20 financial incentives to encourage the development of
21 Partnerships and the efficient delivery of medical care.

22 (3) Persons receiving medical services through
23 Partnerships may receive medical and case management
24 services above the level usually offered through the
25 medical assistance program.

26 Medical providers shall be required to meet certain

1 qualifications to participate in Partnerships to ensure the
2 delivery of high quality medical services. These
3 qualifications shall be determined by rule of the Illinois
4 Department and may be higher than qualifications for
5 participation in the medical assistance program. Partnership
6 sponsors may prescribe reasonable additional qualifications
7 for participation by medical providers, only with the prior
8 written approval of the Illinois Department.

9 Nothing in this Section shall limit the free choice of
10 practitioners, hospitals, and other providers of medical
11 services by clients. In order to ensure patient freedom of
12 choice, the Illinois Department shall immediately promulgate
13 all rules and take all other necessary actions so that provided
14 services may be accessed from therapeutically certified
15 optometrists to the full extent of the Illinois Optometric
16 Practice Act of 1987 without discriminating between service
17 providers.

18 The Department shall apply for a waiver from the United
19 States Health Care Financing Administration to allow for the
20 implementation of Partnerships under this Section.

21 The Illinois Department shall require health care
22 providers to maintain records that document the medical care
23 and services provided to recipients of Medical Assistance under
24 this Article. The Illinois Department shall require health care
25 providers to make available, when authorized by the patient, in
26 writing, the medical records in a timely fashion to other

1 health care providers who are treating or serving persons
2 eligible for Medical Assistance under this Article. All
3 dispensers of medical services shall be required to maintain
4 and retain business and professional records sufficient to
5 fully and accurately document the nature, scope, details and
6 receipt of the health care provided to persons eligible for
7 medical assistance under this Code, in accordance with
8 regulations promulgated by the Illinois Department. The rules
9 and regulations shall require that proof of the receipt of
10 prescription drugs, dentures, prosthetic devices and
11 eyeglasses by eligible persons under this Section accompany
12 each claim for reimbursement submitted by the dispenser of such
13 medical services. No such claims for reimbursement shall be
14 approved for payment by the Illinois Department without such
15 proof of receipt, unless the Illinois Department shall have put
16 into effect and shall be operating a system of post-payment
17 audit and review which shall, on a sampling basis, be deemed
18 adequate by the Illinois Department to assure that such drugs,
19 dentures, prosthetic devices and eyeglasses for which payment
20 is being made are actually being received by eligible
21 recipients. Within 90 days after the effective date of this
22 amendatory Act of 1984, the Illinois Department shall establish
23 a current list of acquisition costs for all prosthetic devices
24 and any other items recognized as medical equipment and
25 supplies reimbursable under this Article and shall update such
26 list on a quarterly basis, except that the acquisition costs of

1 all prescription drugs shall be updated no less frequently than
2 every 30 days as required by Section 5-5.12.

3 The rules and regulations of the Illinois Department shall
4 require that a written statement including the required opinion
5 of a physician shall accompany any claim for reimbursement for
6 abortions, or induced miscarriages or premature births. This
7 statement shall indicate what procedures were used in providing
8 such medical services.

9 The Illinois Department shall require all dispensers of
10 medical services, other than an individual practitioner or
11 group of practitioners, desiring to participate in the Medical
12 Assistance program established under this Article to disclose
13 all financial, beneficial, ownership, equity, surety or other
14 interests in any and all firms, corporations, partnerships,
15 associations, business enterprises, joint ventures, agencies,
16 institutions or other legal entities providing any form of
17 health care services in this State under this Article.

18 The Illinois Department may require that all dispensers of
19 medical services desiring to participate in the medical
20 assistance program established under this Article disclose,
21 under such terms and conditions as the Illinois Department may
22 by rule establish, all inquiries from clients and attorneys
23 regarding medical bills paid by the Illinois Department, which
24 inquiries could indicate potential existence of claims or liens
25 for the Illinois Department.

26 Enrollment of a vendor that provides non-emergency medical

1 transportation, defined by the Department by rule, shall be
2 conditional for 180 days. During that time, the Department of
3 Healthcare and Family Services may terminate the vendor's
4 eligibility to participate in the medical assistance program
5 without cause. That termination of eligibility is not subject
6 to the Department's hearing process.

7 The Illinois Department shall establish policies,
8 procedures, standards and criteria by rule for the acquisition,
9 repair and replacement of orthotic and prosthetic devices and
10 durable medical equipment. Such rules shall provide, but not be
11 limited to, the following services: (1) immediate repair or
12 replacement of such devices by recipients without medical
13 authorization; and (2) rental, lease, purchase or
14 lease-purchase of durable medical equipment in a
15 cost-effective manner, taking into consideration the
16 recipient's medical prognosis, the extent of the recipient's
17 needs, and the requirements and costs for maintaining such
18 equipment. Such rules shall enable a recipient to temporarily
19 acquire and use alternative or substitute devices or equipment
20 pending repairs or replacements of any device or equipment
21 previously authorized for such recipient by the Department.

22 The Department shall execute, relative to the nursing home
23 prescreening project, written inter-agency agreements with the
24 Department of Human Services and the Department on Aging, to
25 effect the following: (i) intake procedures and common
26 eligibility criteria for those persons who are receiving

1 non-institutional services; and (ii) the establishment and
2 development of non-institutional services in areas of the State
3 where they are not currently available or are undeveloped.

4 The Illinois Department shall develop and operate, in
5 cooperation with other State Departments and agencies and in
6 compliance with applicable federal laws and regulations,
7 appropriate and effective systems of health care evaluation and
8 programs for monitoring of utilization of health care services
9 and facilities, as it affects persons eligible for medical
10 assistance under this Code.

11 The Illinois Department shall report annually to the
12 General Assembly, no later than the second Friday in April of
13 1979 and each year thereafter, in regard to:

14 (a) actual statistics and trends in utilization of
15 medical services by public aid recipients;

16 (b) actual statistics and trends in the provision of
17 the various medical services by medical vendors;

18 (c) current rate structures and proposed changes in
19 those rate structures for the various medical vendors; and

20 (d) efforts at utilization review and control by the
21 Illinois Department.

22 The period covered by each report shall be the 3 years
23 ending on the June 30 prior to the report. The report shall
24 include suggested legislation for consideration by the General
25 Assembly. The filing of one copy of the report with the
26 Speaker, one copy with the Minority Leader and one copy with

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2 President, one copy with the Minority Leader and one copy with
3 the Secretary of the Senate, one copy with the Legislative
4 Research Unit, and such additional copies with the State
5 Government Report Distribution Center for the General Assembly
6 as is required under paragraph (t) of Section 7 of the State
7 Library Act shall be deemed sufficient to comply with this
8 Section.

9 Rulemaking authority to implement Public Act 95-1045 ~~this~~
10 ~~amendatory Act of the 95th General Assembly~~, if any, is
11 conditioned on the rules being adopted in accordance with all
12 provisions of the Illinois Administrative Procedure Act and all
13 rules and procedures of the Joint Committee on Administrative
14 Rules; any purported rule not so adopted, for whatever reason,
15 is unauthorized.

16 (Source: P.A. 95-331, eff. 8-21-07; 95-520, eff. 8-28-07;
17 95-1045, eff. 3-27-09; 96-156, eff. 1-1-10; 96-806, eff.
18 7-1-10; revised 11-4-09.)

19 Section 96. No acceleration or delay. Where this Act makes
20 changes in a statute that is represented in this Act by text
21 that is not yet or no longer in effect (for example, a Section
22 represented by multiple versions), the use of that text does
23 not accelerate or delay the taking effect of (i) the changes
24 made by this Act or (ii) provisions derived from any other
25 Public Act.

1 Section 97. Severability. If any portion of this Act or any
2 amendments thereto, or its applicability to any person or
3 circumstance is held invalid by a court, the remainder of this
4 Act or its applicability to other persons or circumstances
5 shall not be affected.